

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/575827 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1				52					
3		1		1				53					
4		1		1				54					
5		4		1				55					
6		2		1				56					
7		2		1				57					
8		2		1				58					
9		2		1				59					
10		2		1				60					
11								61					
12								62					
13								63					
14								64					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					